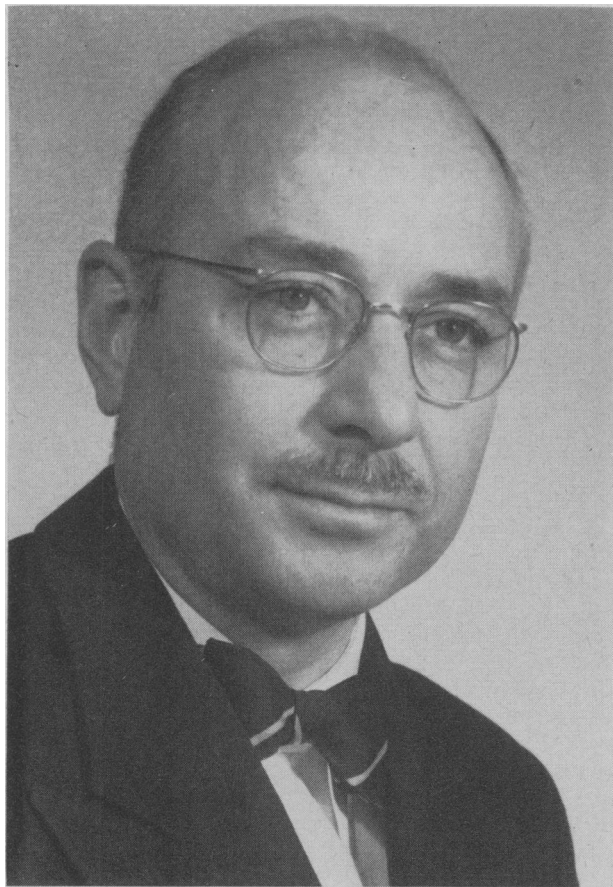


Editorial Comments



DONALD C. GRAHAM, M.D., F.R.C.P.[C.]

INTRODUCING THE EDITOR

Members of The Association will be interested to know that the Executive Committee has appointed Dr. Donald C. Graham to the post of Editor of the *Canadian Medical Association Journal* for full-time service effective July 1, 1960. With the necessity of filling the vacancy occasioned by Dr. Gilder's decision to return to the United Kingdom, the Staffing Committee was confronted with a difficult task. Widespread enquiries were initiated both in Canada and abroad and the post was drawn to the attention of all members through several advertisements in the Journal. The consequence of these actions was that the Staffing Committee had 23 qualified applicants, only one of whom could be selected. Unsuspected reserves of interest and talent were disclosed and it is significant that the importance of the appointment was recognized by all who considered it.

Dr. Donald Graham graduated with the Class of 1938 at the University of Toronto and his post-graduate training was interrupted by World War II. He served from 1940 to 1945 in the R.C.A.M.C. and the R.C.A.F. in Canada and the United Kingdom. Returning to civilian life, he resumed his training at Sunnybrook Hospital and qualified, by examination, for the Fellowship of the Royal College of Physicians and Surgeons of Canada in 1947. His special interest has related to arthritis and rheumatism and in private practice he soon achieved prominence in this field. He is attending

physician at St. Michael's Hospital, Associate in Medicine, University of Toronto, and consultant to the arthritis service, Sunnybrook Hospital. Since 1952 he has been Medical Director of the Ontario Division, The Canadian Arthritis and Rheumatism Society.

His administrative talents and his professional stature have given him wide contacts in Canada, the United States and Great Britain, not only in his own special field but in rehabilitation and orthopaedic surgery. He is a member of the Editorial Board of "Arthritis and Rheumatism", the official Journal of the American Rheumatism Association, and a member of the Rheumatism Review Committee of that organization.

Dr. Graham brings to his new appointment an impressive scientific and academic background, considerable administrative experience and a sincere interest in communications as an important element of professional life. The Association is fortunate to find within its ranks such promising editorial timber and we will observe its fashioning under the demands of weekly publication.

DIETARY ASPECTS OF THE MELBOURNE CHILD GROWTH STUDY

An interesting aspect of the child growth study undertaken by the University of Melbourne¹ is an assessment of the nutrient intake and dietary form or pattern of 60 normal girls and 60 boys of Australian parents. The dietary study was commenced when the children were two years of age, and the originators of the study hope to continue their observations until the children reach adult life.

Dietary intakes were calculated, based on a record kept by the mother for one week before the annual interview. These values were compared with a dietary intake scale developed for the Australian Medical Research Council.

In reporting this aspect of the study, Cahn and Neal¹ concluded that 40% of diets showed low levels of calcium intake and that 30% were low in thiamine and nicotinamide. These observations are interesting, but what relationship have they to the clinical condition of the children concerned?

Too often in dietary studies on small groups it is forgotten that they should always be accompanied by detailed clinical and biochemical observations. There is every reason to believe that certain people need considerably less in nutrients than a standard would lay down, and so-called "dietary standards" tend to become sacred cows of limited practical utility.

The authors in the present study compared diets with incidence of dental caries, and found more dental caries in children consuming a "carbohydrate excess" of specifically refined carbohydrate. This might simply mean that children who eat sweets have bad teeth, rather than that "excess carbohydrate" as such adversely affects their health. Many of these questions will no doubt be considered as this study proceeds, and as more detailed data, both dietetic and clinical, become available.

REFERENCE

1. CAHN, A. AND NEAL, K.: *M. J. Australia*, 2: 549, 1959.